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Culture, Heritage
and Recreation

Dr. David Alexander Stewart

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Dr. David Alexander Stewart

Dr. David Alexander Stewart was a pioneer in Manitoba health care development. Between 1910 and 1935, he was the driving force behind the battle against tuberculosis in Western Canada. A versatile and talented individual, Dr. Stewart helped establish and administer the Manitoba Sanatorium and made a great number of contributions to the province's heritage. The most notable of these contributions was his fight to check the spread of tuberculosis.

During the early 1880s, Robert Koch of Germany discovered that tuberculosis was a communicable and not a hereditary disease. Although tuberculosis was a widespread fatal illness in many parts of the world, little was known about preventing or treating it. Many maintained a fatalistic attitude towards the disease. Dr. Stewart worked to change these attitudes in Manitoba. His personal enthusiasm, compassion and social commitment brought hope and healing to thousands of patients, and inspired hundreds of doctors he trained to fight the disease.

The Early Years

David Alexander Stewart was born in Kent County, Ontario, on 15 February 1874. He was 17 years old when he and his family moved to Manitoba. Although Stewart is best remembered for his achievements in medicine, his medical practice was itself influenced by earlier experiences as a teacher, Presbyterian minister, and as a journalist. He brought to his ultimate vocation abilities as a medical educator and public communicator, and the crusading zeal of one inspired by a sense of mission. Indeed, given the nature of the disease he tackled with distinction, and then-prevailing public attitudes toward it, these qualities stood him in good stead.

The young Stewart entered the Normal School in 1892, and two years later secured a teaching position in a country school near Morden. After two years, he left Morden to resume his own studies, and enrolled as a theology student in the Manitoba College Faculty of Arts.

He graduated with first-class honours in 1899, and began to prepare for ordination as a Presbyterian minister. The Stewarts were not surprised by this decision. Indeed, individuals on both sides of the family had strong church affiliations. For example, although his father, Francis Beattie Stewart, was not ordained, the senior Stewart served at a number of mission stations. The family **might** have been surprised by the young man's subsequent decision to forsake the ministry for classes at Manitoba Medical College in 1902, perhaps with the idea of becoming a medical missionary.

He hurried to the community of Frank when, in April 1903, it was buried by a landslide, and assisted a local doctor. Stewart also sent back vivid descriptions of the disaster which were published in the *Manitoba Free Press*. In turn, this led to further newspaper work.

Stewart paid his way through medical school by working as a reporter under John W. Dafoe of the *Manitoba Free Press*. He graduated in 1906, and became

the first senior intern at the Winnipeg General Hospital. While working as an intern, he became interested in epidemiology. Typhoid fever then was common in Canada, and often reached epidemic proportions in Winnipeg. Stewart's younger brother Charles, a pharmacy student, was among many Manitobans killed by typhoid fever. Dr. Stewart soon earned the respect of colleagues by his clinical studies of the disease, which contributed substantially to the enactment of effective typhoid control measures. His research was badly needed because the death rate due to typhoid fever was higher in Winnipeg than in any other major North American or European city.

The filth, squalor, and overcrowded conditions in impoverished areas of Winnipeg also contributed to epidemics of tuberculosis, although the disease by no means was confined to the poor. Stewart became interested in the study and treatment of this disease, and in 1908 was appointed executive director of the Tuberculosis Society. He was in charge of raising money to construct a sanatorium for consumptives. His religious training, combined with his medical knowledge, made him an outstanding public speaker, a talent sorely needed to alter the public's pessimism about possible tuberculosis cures.

It was not long before the strain of the fund raising campaign caused a health problem for Stewart himself. He discovered that he had contracted the very disease he was crusading against, and in spring 1909, he was forced to retreat to the Trudeau Sanatorium on Saranac Lake, New York. This sanatorium had served as the model for all others like it. Its founder, Dr. Edward L. Trudeau, found through personal experience that a regimen of fresh air, good food and complete rest promoted recovery among many tubercular patients. Dr. Stewart used his time as a convalescent to learn the principles of this cure, which would be applied at the proposed Manitoba Sanatorium.

During Stewart's absence, the location of the new sanatorium was chosen. The provincial government stipulated that its grant of $75,000 be used to build at Ninette, 160 miles (352 km) southwest of Winnipeg on Pelican Lake. This site was favoured by Dr. Stewart. In 1909, when it was officially approved, he accepted the position of building administrator, and later was appointed medical superintendent. The 65 bed sanatorium opened on 24 May 1910 and was the only such treatment facility in Canada west of Gravenhurst, Ontario.

The Sanatorium

Due to the widespread advance of the disease during the sanatorium's first years, curative efforts prevailed over prevention. Even so, the goal of prevention remained uppermost in Dr. Stewart's mind. He emphasized that prevention and treatment both were community responsibilities, and convinced the government to subsidize medical care for patients unable to afford it. Subsidized patients then were able to remain at the sanatorium until they reached the non-infectious stage, thus furthering the goal of prevention. Dr. Stewart also encouraged physicians to exchange information about patients to improve diagnostic and treatment techniques. This was particularly important because tubercular symptoms were difficult to diagnose, and patients thus were not isolated promptly enough to check the spread of the disease.

Despite subsidies, the sanatorium faced financial limitations. It was only through Dr. Stewart's ingenuity and tireless work habits that the institution managed to operate at Canada's lowest daily cost per patient. He encouraged convalescents to help out at the sanatorium. This mutually benefitted the institution and its patients. In return for their work, many patients received vocational training that enabled them to find work once released. By 1912, Dr. Stewart also had initiated a training programme for medical students, a project that provided extra help for the sanatorium and practical experience for the students.

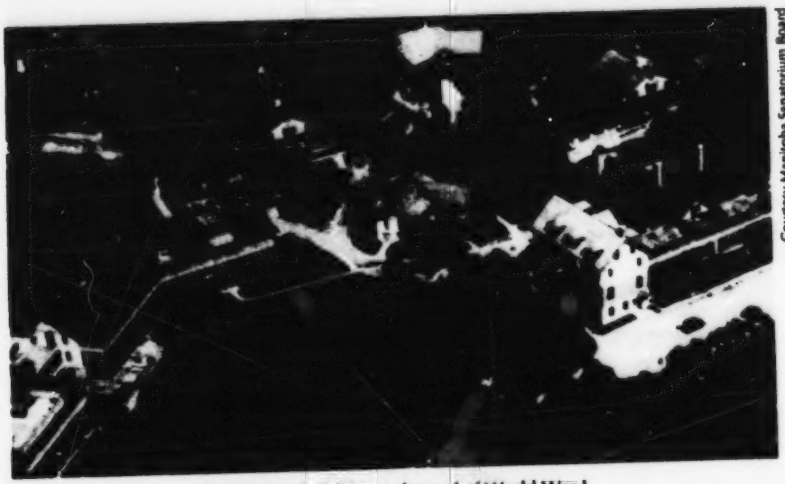
Courtesy Manitoba Archives

The rest cure at the women's dormitory.

This additional medical help was particularly important during the First World War. Thousands of soldiers returned home from the front weak and especially vulnerable to tuberculosis. Others, like Winnipeg's own 90th Regiment at Ypres in 1915, had undergone German gas attacks and required special respiratory care. This influx reduced services available to civilians, and impelled federal and provincial governments to subsidize expanded facilities at Ninette. These included construction of three military pavilions, a nurses' residence and a power plant extension for the sanatorium. By 1921, the west infirmary and three additional staff houses were under construction in response to nearly 1,000 military admissions.

Courtesy Manitoba Archives

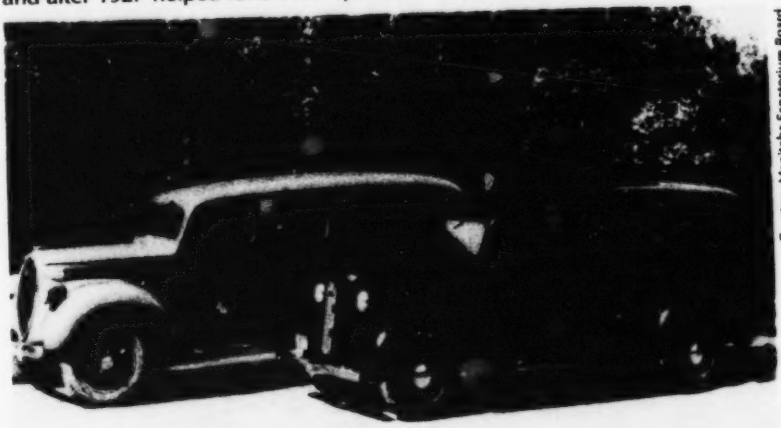
Sanatorium staff c. 1914.



Courtesy Manitoba Sanatorium Board

Sanatorium buildings at the end of World War I.

Despite advances in halting the spread of tuberculosis, and the success of his efforts in public education, Dr. Stewart still was dissatisfied. He was intent upon decreasing the incidence of the disease. By testing people exposed to tuberculosis, he hoped to isolate areas of potentially-high incidence, and to provide early treatment. In 1925, he dispatched travelling clinics containing portable X-ray and lab equipment to rural Manitoba's far-flung, sparsely-populated settlements. These clinics were staffed by trained sanatorium personnel who set up test centres wherever they travelled and consulted with local family doctors. Once testing facilities came to isolated areas, the rural population began to take advantage of them. The general public acknowledged the contribution of the travelling clinics, and after 1927 helped fund their operation by purchasing Christmas Seals.



Courtesy Manitoba Sanatorium Board

Vehicles to transport sanatorium equipment and staff to all parts of the province.

Although Manitoba Indians accounted for less than two per cent of the province's population, they disproportionately accounted for 30 to 45 per cent of its tuberculosis cases. Indians on reserves suffered from poor nutrition and lacked immunities to non-traditional diseases like tuberculosis. The resulting mortality rate was extremely high. In a province that was a leader in tuberculosis health care, these problems could not be overlooked. They did not escape Dr. Stewart's attention. He wanted to see local conditions improved, and to keep the incidence of tuberculosis in Indian communities under control, so that the general population would not be reinfected.

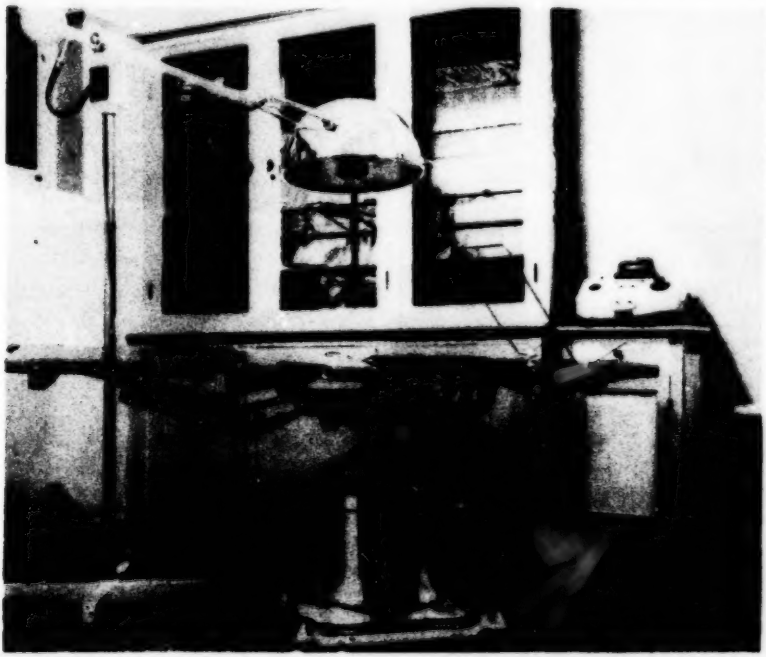
Stewart proposed that travelling clinics patrol the perimeters of non-Indian settlement, and test children who attended government residential schools. In this way, he hoped early detection would help control the disease. Treaty Indians

fell under federal and not provincial jurisdiction, and this hampered full treatment. Nevertheless, the travelling clinics did contribute to the decline in the mortality rate. Dr. Stewart was justifiably proud of them.

In 1915 Dr. Stewart had married Ida Kate Bradshaw, a Morden Hospital Nursing School graduate who later launched the Winnipeg General Hospital social services department. Three years later, she too was afflicted by tuberculosis, but recovered her health after undergoing chest surgery. This and similar experience with other tubercular patients, convinced Stewart that major surgery had considerable therapeutic value for severely-afflicted people. Young doctors were sent from Ninette to seek further surgical training, and Dr. Stewart established a surgery programme in the sanatorium's small new operating theatre in 1934. This programme made Ninette virtually unique among the world's sanatoria, and made important contributions to patient recovery into the 1950s, when antibiotics generally eradicated the need for surgical intervention.

A Philosophy of Life

A born teacher, Dr. Stewart inspired the quest for knowledge in all he encountered. Staff teachers at the sanatorium offered short but intensive educational



Courtesy Manitoba Sanatorium Board

Operating room at the sanatorium, in which major chest surgery was done from about 1934 onward.

courses which patients were expected to take while recuperating. Stewart believed that life at the sanatorium should not narrow the patients' experience, but should provide them with opportunity to pursue and extend their interests. He wrote and spoke repeatedly about his hope that those treated at Ninette would return to their communities wiser, better informed, and with more to contribute.

Courtesy Manitoba Sanatorium Board

The Ninette Sanatorium and Pelican Lake
"Where there is no vision, the people perish" – the sanatorium motto.

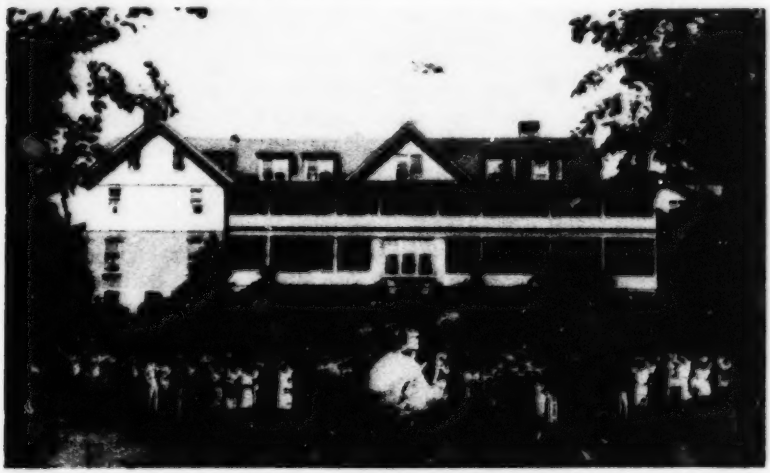
Dr. Stewart was a living example of his own philosophy. He not only was an associate professor of medicine at the University of Manitoba, but medical editor of the *Winnipeg Free Press,* and an energetic contributor to medical journals on the subject of tuberculosis. In keeping with his belief that all people should have interests outside their work, he spent time painting and sketching, and established a bird sanctuary at the sanatorium.

Stewart also devoted a substantial part of his spare time to the study of Western Canadian history. His research into the history of the exploration and fur trade era represents a significant contribution to Manitoba's heritage. His private correspondence, and the articles he wrote about Assiniboine trading posts, Manitoba schools, and the early history of the province demonstrated his commitment to historical research. The time he devoted to revitalizing the Manitoba Historical and Scientific Society, and to his work as the society's president (1929-34) represents a major contribution to the province's cultural life.

The energy and enthusiasm Stewart applied to his own endeavours inspired his patients to take an active part in their own cure. Dr. Stewart's success in this area was recognized publicly. In 1926, he was elected president of the Manitoba

Medical Association and vice-president of the American National Tuberculosis Society. The following year, he received an honourary degree from the University of Manitoba, and later was appointed chairman of the Manitoba Public Health Committee. Although he contracted an illness that kept him intermittently bedridden from 1929 until his death in 1937, Stewart remained head of the sanatorium. In 1931, he helped to establish the Central Tuberculosis Clinic and the Manitoba Association for Adult Education in Winnipeg. During his final years, Stewart also consulted Canada-wide with his colleagues, and drafted a Code of Ethics subsequently adopted by the Canadian Medical Association. He and Mrs. Stewart grew concerned, too, about the warlikeness of new regimes in Europe and Asia. They spoke and wrote publicly about the need for efforts to maintain collective security and international peace.

Under his supervision, the Manitoba Sanatorium grew from a 65 bed clinic to a 300 bed institution. Through his leadership, Manitoba moved to the forefront in the treatment of tuberculosis. By the time Stewart died on 16 February 1937, the tuberculosis mortality rate had dropped dramatically, particularly amongst the province's non-native population. His accomplishments and interests were those of an energetic, able and dedicated man. In honour of his work, the expanded Tuberculosis Clinic of Winnipeg was renamed the D.A. Stewart Center for Respiratory Disease in 1968.



Courtesy Manitoba Sanatorium Board

Unveiling of a cairn dedicated to Dr. Stewart in front of the sanatorium's administration building.

Suggestions for Further Reading

Freda Rajotte's *Strathcona: Portrait of a Municipality* and Eva Calverly's *And so...Ninette, 1879-1919* include references to Dr. Stewart's life and work. A large quantity of primary resource material is available in the D.A. Stewart Collection at the Provincial Archives. Supplementary material also can be found in Manitoba

Medical Archives. The reader might consult, too, the Manitoba Sanatorium Board where a number of Stewart's published papers are available.

Credits

Cover photograph by J. Henfrey is courtesy of the Manitoba Archives.

Dr. David Alexander Stewart
1874-1937

David Alexander Stewart was born in Ontario and came to Manitoba in 1881. His broad training included teaching, the ministry and medicine. He also worked as a reporter for a Winnipeg newspaper. He was appointed the first senior intern of Winnipeg General Hospital in 1906 and devoted his life to the prevention and cure of tuberculosis, then endemic throughout the province.

Stewart was instrumental in the establishment of the Manitoba Sanatorium near Ninette and served as its Medical Superintendent from 1910 to 1937. He pioneered travelling clinics, developed specialized training for medical students and promoted educational programs for patients.

Dr. Stewart was an avid historian whose main interest was the fur trade. He served as president of the Historical and Scientific Society of Manitoba from 1929 to 1934.

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